

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/926356

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	1					
17	1					
18	0					
19	/					
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49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	18		26			
TOTAL CLAIMS	20		29			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS